

<i>SERFF Tracking Number:</i>	<i>FRCS-126930061</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47485</i>
<i>Company Tracking Number:</i>	<i>5431.4</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Mortgage Term Life</i>		
<i>Project Name/Number:</i>	<i>CML-2/61.4/61.4</i>		

Filing at a Glance

Company: Columbian Life Insurance Company

Product Name: Mortgage Term Life

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: FRCS-126930061 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 5431.4

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Jana Finlay, Kevin Wiggs

Disposition Date: 12/10/2010

Date Submitted: 12/08/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CML-2/61.4

Project Number: 61.4

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/10/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted on or
about this same date.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/10/2010

Created By: Jana Finlay

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jana Finlay

Filing Description:

We have been retained by Columbian Life Insurance Company to file the enclosed form for approval in your state.

Our fee of \$50.00 has been sent by EFT on this same date.

The Company offers their assurances that the Guaranty Association notice required by Regulation 49 will be provided.

Accelerated Benefit letters used at the time a request to accelerate the benefit is received are included as supporting documentation.

SERFF Tracking Number:	FRCS-126930061	State:	Arkansas
Filing Company:	Columbian Life Insurance Company	State Tracking Number:	47485
Company Tracking Number:	5431.4		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Mortgage Term Life		
Project Name/Number:	CML-2/61.4/61.4		

The enclosed form is submitted for approval.

The form is new and does not replace any existing forms.

There are no unique or innovative features in the form. The policy specification pages contain hypothetical John Doe data/information. All variable information is bracketed. The form is written in readable language. Licensed agents will market these forms on an individual basis in the Ordinary Market.

The policy is individual, non-participating, renewable, and have a level death benefit to age 95. Premiums are level for the initial term and increase annually thereafter. The Death Benefit will be payable in one lump sum. This policy will not be illustrated.

Form Number / Initial Term Period / Issue Ages / Return of Premium Option
FORM NO. 1F584-CL / 30 years / 18-50 / 100%

The riders and applications listed below were filed under separate cover on this same date, under SERFF filing FRCS-126924641 and will be used with the policy form:

Form No. 1H843-CL, is a Children's Term Insurance Rider providing term life insurance coverage on child(ren), subject to the conditions set out in the rider.

Form No. 1H844-CL, is an Accelerated Benefit Rider providing an advance on the death benefit when the Insured is diagnosed by a physician as having a Terminal Illness as defined in the rider.

FORM NO. 1H845-CL, is a Disability Income Rider providing a monthly income while the insured is totally disabled due to an accident or sickness after 90-day waiting period.

FORM NO. 1H846-CL, is a Disability Income Rider providing a monthly income while the insured is totally disabled due to an accident or sickness occurring off the job, after 90-day waiting period.

Application FORM NO. A430-CL will be used to apply for this policy.

Application FORM NO. A431-CL is a reinstatement application.

The following previously approved riders may also be used with the policy: Accidental Death Benefit Rider, FORM NO. 1H840F-CL and Waiver of Premium Rider, FORM NO. 1H841F-CL. Both of these riders were approved by your Department on 5/19/10, your state ID number 45692.

SERFF Tracking Number:	FRCS-126930061	State:	Arkansas
Filing Company:	Columbian Life Insurance Company	State Tracking Number:	47485
Company Tracking Number:	5431.4		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Mortgage Term Life		
Project Name/Number:	CML-2/61.4/61.4		

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

Company and Contact

Filing Contact Information

Jana Finlay, Senior Compliance Specialist	jana.finlay@firstconsulting.com
1020 Central	800-927-2730 [Phone] 2741 [Ext]
Suite 201	816-391-2755 [FAX]
Kansas City, MO 64105	

Filing Company Information

(This filing was made by a third party - FC01)

Columbian Life Insurance Company	CoCode: 76023	State of Domicile: Illinois
4704 Vestal Parkway East	Group Code: 535	Company Type:
P.O. BOX 1381	Group Name:	State ID Number:
Binghamton, NY 13902-1381	FEIN Number: 16-1321681	
(800) 328-2739 ext. 203[Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	50 per form x 1 form = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbian Life Insurance Company	\$50.00	12/08/2010	42754936

<i>SERFF Tracking Number:</i>	<i>FRCS-126930061</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47485</i>
<i>Company Tracking Number:</i>	<i>5431.4</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Mortgage Term Life</i>		
<i>Project Name/Number:</i>	<i>CML-2/61.4/61.4</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/10/2010	12/10/2010

<i>SERFF Tracking Number:</i>	<i>FRCS-126930061</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47485</i>
<i>Company Tracking Number:</i>	<i>5431.4</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Mortgage Term Life</i>		
<i>Project Name/Number:</i>	<i>CML-2/61.4/61.4</i>		

Disposition

Disposition Date: 12/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FRCS-126930061</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47485</i>
<i>Company Tracking Number:</i>	<i>5431.4</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Mortgage Term Life</i>		
<i>Project Name/Number:</i>	<i>CML-2/61.4/61.4</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Accelerated benefit letters, for your information		Yes
Form	ndividual Term Life Insurance Policy (30 Year Term Policy with 100% ROP)		Yes

SERFF Tracking Number:	FRCS-126930061	State:	Arkansas
Filing Company:	Columbian Life Insurance Company	State Tracking Number:	47485
Company Tracking Number:	5431.4		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Mortgage Term Life		
Project Name/Number:	CML-2/61.4/61.4		

Form Schedule

Lead Form Number: FORM NO. 1F584-CL

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FORM NO. 1F584-CL	Policy/Cont ndividual Term Life ract/Fratern Insurance Policy (30 al Year Term Policy Certificate with 100% ROP)	Initial		55.400	Form No 1F584-CL _Final_ DISTILLED.pdf



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
PO BOX 1381
BINGHAMTON, NY 13902-1381
TELEPHONE: (800) 423-9765
WEBSITE: www.cfglife.com


IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Owner and the Columbian Life Insurance Company. This Policy sets forth, in detail, the rights and obligations of the Owner and Columbian Life Insurance Company.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE POLICY

If this Policy is unsatisfactory, the Owner may return it within thirty (30) days after receiving it. The Policy should be returned to the Company, the Agent through whom it was purchased, or any Agent of the Company; then all premiums paid will be refunded and the Policy will be deemed void from the beginning.


DANIEL J. FISCHER
Secretary


THOMAS E. RATTMANN
Chairman, President
and Chief Executive Officer

CONVERTIBLE TERM LIFE INSURANCE POLICY
RENEWABLE ANNUALLY AFTER FIRST TERM PERIOD
CONVERTIBLE TO DATE SHOWN ON PAGE 2
AMOUNT OF INSURANCE PAYABLE IN A LUMP SUM AT DEATH PRIOR TO EXPIRY DATE
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
PREMIUMS ARE LEVEL FOR FIRST TERM PERIOD AND INCREASE ANNUALLY THEREAFTER
ENDOWMENT BENEFIT AT THE END OF FIRST TERM PERIOD
NON-PARTICIPATING – NO DIVIDENDS PAID

ALPHABETIC GUIDE TO POLICY PROVISIONS

	PAGE
ASSIGNMENT	10
BENEFICIARY	6
CONVERSION BENEFIT	9
DEFINITIONS	5
ENTIRE CONTRACT	5
GENERAL PROVISIONS	8
GRACE PERIOD	7
INCONTESTABILITY	6
LIFE INSURANCE BENEFITS	5
MISSTATEMENT OF AGE	6
OWNER	6
NON-PARTICIPATING	10
PREMIUMS	7
REINSTATEMENT	7
RIGHT TO EXAMINE POLICY	1
SUICIDE	6
TERMINATION	10
WAIVER OF PREMIUM FOR UNEMPLOYMENT.....	5

INSURED: [JOHN DOE]

SEX: [MALE]

INSURANCE AGE: [35]

POLICY CLASS: [STANDARD NON-TOBACCO]

AMOUNT OF INSURANCE: [\$50,000]

FIRST RENEWAL DATE: [JANUARY 1, 2040]

RENEWAL TERM PERIOD: 1 YEAR

CONVERSION PERIOD: [JANUARY 1, 2011 - JANUARY 1, 2035]

POLICY NUMBER: [SPECIMEN]

EFFECTIVE DATE: [JANUARY 1, 2010]

DATE OF ISSUE: [JANUARY 1, 2010]

REINSTATEMENT INT RATE: 6.00% ANNUALLY

FIRST TERM PERIOD: 30 YEARS

LAST RENEWAL DATE: [JANUARY 1, 2069]

POLICY EXPIRY DATE: [JANUARY 1, 2070]

**CONVERTIBLE TERM LIFE INSURANCE POLICY
RENEWABLE ANNUALLY AFTER FIRST TERM PERIOD
CONVERTIBLE TO DATE SHOWN ON PAGE 2
AMOUNT OF INSURANCE PAYABLE IN A LUMP SUM AT DEATH PRIOR TO EXPIRY DATE
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
PREMIUMS ARE LEVEL FOR FIRST TERM PERIOD AND INCREASE ANNUALLY THEREAFTER
ENDOWMENT BENEFIT AT THE END OF FIRST TERM PERIOD
NON-PARTICIPATING – NO DIVIDENDS PAID**

SCHEDULE OF BENEFITS AND PREMIUMS FOR:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

* * * * BENEFIT INFORMATION * * * *

BENEFIT DESCRIPTION	AMOUNT OF INSURANCE	PREMIUM CLASS	BENEFIT PERIOD ENDS	INITIAL ANNUAL PREMIUM	FORM NUMBER
TERM TO AGE 95 [ACCIDENTAL DEATH BENEFIT RIDER [WAIVER OF PREMIUM [CHILDREN'S TERM INSURANCE RIDER [ACCELERATED BENEFIT RIDER [DISABILITY INCOME RIDER	[\$50,000] [\$50,000] --- [5 UNITS] --- [5 UNITS]	[NON-TOBACCO] --- --- --- --- [NON-TOBACCO]	[JAN 01, 2070] [JAN 01, 2045] [JAN 01, 2040] [JAN 01, 2045] [JAN 01, 2065] [JAN 01, 2035]	[\$369.50] [\$51.00] [\$64.86]* [\$30.00] \$0.00 [\$90.00]*	1F584-CL ICC10 1H840-CL ICC10 1H841-CL 1H843-CL 1H844-CL 1H845-CL

INITIAL PREMIUM FOR THE POLICY IS GUARANTEED DURING THE FIRST TERM PERIOD BUT WILL INCREASE THEREAFTER AS SHOWN IN THE TABLE BELOW.

*PREMIUM SHOWN FOR THE WAIVER OF PREMIUM AND DISABILITY INCOME RIDERS ARE SUBJECT TO CHANGE, BUT WILL NOT EXCEED THE GUARANTEED PREMIUM SHOWN IN THE TABLE ON PAGE 3-4.

*****PREMIUM INFORMATION*****
FIRST TERM PERIOD ENDS: [JANUARY 01, 2040]

MODE OF PAYMENT ELECTED: [ANNUAL]

BEGINNING ON	AT AGE	-----C U R R E N T-----			-----G U A R A N T E E D-----		
		ANNUAL	SEMI-ANNUAL	MONTHLY EFT	ANNUAL	SEMI-ANNUAL	MONTHLY EFT
[January 1, 2010	35	605.36	302.68	50.44	605.36	302.68	50.44
January 1, 2011	36	605.36	302.68	50.44	706.16	353.08	58.84
January 1, 2035	60	504.56	252.28	42.04	504.56	252.28	42.04
January 1, 2036	61	504.56	252.28	42.04	504.56	252.28	42.04
January 1, 2037	62	504.56	252.28	42.04	504.56	252.28	42.04
January 1, 2038	63	504.56	252.28	42.04	504.56	252.28	42.04
January 1, 2039	64	504.56	252.28	42.04	504.56	252.28	42.04
January 1, 2040	65	2,596.00	1,298.00	216.32	2,596.00	1,298.00	216.32
January 1, 2041	66	2,829.50	1,414.75	235.78	2,829.50	1,414.75	235.78
January 1, 2042	67	3,073.00	1,536.50	256.07	3,073.00	1,536.50	256.07
January 1, 2043	68	3,330.50	1,665.25	277.53	3,330.50	1,665.25	277.53
January 1, 2044	69	3,617.00	1,808.50	301.40	3,617.00	1,808.50	301.40
January 1, 2045	70	3,861.50	1,930.75	321.78	3,861.50	1,930.75	321.78
January 1, 2046	71	4,266.50	2,133.25	355.53	4,266.50	2,133.25	355.53
January 1, 2047	72	4,739.00	2,369.50	394.90	4,739.00	2,369.50	394.90]

(SCHEDULE CONTINUES)

SCHEDULE OF BENEFITS AND PREMIUMS FOR:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

MODE OF PAYMENT ELECTED: [ANNUAL]

BEGINNING ON	AT AGE	-----C U R R E N T-----			-----G U A R A N T E E D-----		
		ANNUAL	SEMI- ANNUAL	MONTHLY EFT	ANNUAL	SEMI- ANNUAL	MONTHLY EFT
[January 1, 2048	73	5,234.50	2,617.25	436.19	5,234.50	2,617.25	436.19
January 1, 2049	74	5,769.50	2,884.75	480.77	5,769.50	2,884.75	480.77
January 1, 2050	75	6,357.50	3,178.75	529.77	6,357.50	3,178.75	529.77
January 1, 2051	76	7,019.50	3,509.75	584.93	7,019.50	3,509.75	584.93
January 1, 2052	77	7,791.50	3,895.75	649.27	7,791.50	3,895.75	649.27
January 1, 2053	78	8,685.50	4,342.75	723.76	8,685.50	4,342.75	723.76
January 1, 2054	79	9,686.00	4,843.00	807.13	9,686.00	4,843.00	807.13
January 1, 2055	80	10,804.00	5,402.00	900.30	10,804.00	5,402.00	900.30
January 1, 2056	81	12,112.00	6,056.00	1,009.29	12,112.00	6,056.00	1,009.29
January 1, 2057	82	13,497.50	6,748.75	1,124.75	13,497.50	6,748.75	1,124.75
January 1, 2058	83	14,958.50	7,479.25	1,246.49	14,958.50	7,479.25	1,246.49
January 1, 2059	84	16,579.50	8,289.75	1,381.57	16,579.50	8,289.75	1,381.57
January 1, 2060	85	18,360.50	9,180.25	1,529.98	18,360.50	9,180.25	1,529.98
January 1, 2061	86	20,301.00	10,150.50	1,691.68	20,301.00	10,150.50	1,691.68
January 1, 2062	87	22,693.00	11,346.50	1,891.01	22,693.00	11,346.50	1,891.01
January 1, 2063	88	25,220.00	12,610.00	2,101.58	25,220.00	12,610.00	2,101.58
January 1, 2064	89	27,721.00	13,860.50	2,309.99	27,721.00	13,860.50	2,309.99
January 1, 2065	90	30,110.00	15,055.00	2,509.07	30,110.00	15,055.00	2,509.07
January 1, 2066	91	32,463.50	16,231.75	2,705.18	32,463.50	16,231.75	2,705.18
January 1, 2067	92	35,504.50	17,752.25	2,958.59	35,504.50	17,752.25	2,958.59
January 1, 2068	93	39,613.50	19,806.75	3,300.99	39,613.50	19,806.75	3,300.99
January 1, 2069	94	44,769.00	22,384.50	3,730.60	44,769.00	22,384.50	3,730.60
January 1, 2070	95	PREMIUMS	CEASE]				

COLUMBIAN LIFE INSURANCE COMPANY

ENDORSEMENTS:

POLICY SPECIFICATIONS**POLICY NUMBER: [SPECIMEN]****INSURANCE AGE: [35]**

FORM NO. DESCRIPTION

[] []

THESE ENDORSEMENTS ARE A PART OF THE POLICY TO WHICH THEY ARE ATTACHED. THEY ARE SUBJECT TO ALL THE POLICY PROVISIONS WHICH ARE CONSISTENT WITH THESE ENDORSEMENTS; IF INCONSISTENCIES OCCUR, THE PROVISIONS OF THESE ENDORSEMENTS WILL APPLY.

TABLE OF GUARANTEED MAXIMUM PREMIUMS

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

MODE OF PAYMENT ELECTED: [ANNUAL]

-----[WAIVER OF PREMIUM]-----

-----[DISABILITY INCOME]-----

AGE	GUARANTEED MAXIMUM RATES	AGE	GUARANTEED MAXIMUM RATES
[35	64.86	35	90.00
36	75.66	36	180.00
37	75.66	37	180.00
38	75.66	38	180.00
39	75.66	39	180.00
40	75.66	40	180.00
41	75.66	41	180.00
42	75.66	42	180.00
43	75.66	43	180.00
44	75.66	44	180.00
45	75.66	45	180.00
46	75.66	46	180.00
47	75.66	47	180.00
48	75.66	48	180.00
49	75.66	49	180.00
50	75.66	50	180.00
51	75.66	51	180.00
52	75.66	52	180.00
53	75.66	53	180.00
54	75.66	54	180.00
55	75.66	55	180.00
56	75.66	56	180.00
57	75.66	57	180.00
58	75.66	58	180.00
59	75.66	59	180.00
60	54.06	60	N/A
61	54.06	61	N/A
62	54.06	62	N/A
63	54.06	63	N/A
64	54.06	64	N/A]

POLICY NUMBER: [SPECIMEN]
 AMOUNT OF INSURANCE: [\$50,000]

INSURANCE AGE: [35]
 SEX: [MALE]

TABLE OF GUARANTEED VALUES

IF ALL PREMIUMS DUE HAVE BEEN PAID, THE GUARANTEED VALUES WILL BE:

END OF POLICY YEAR	ON [JAN 01,]	CASH OR LOAN VALUES	REDUCED PAID-UP INSURANCE
1	[2011	0.00	0.00
2	2012	0.00	0.00
3	2013	0.00	0.00
4	2014	98.00	451.99
5	2015	322.00	1434.44
6	2016	555.00	2388.39
7	2017	798.50	3319.97
8	2018	1052.00	4226.67
9	2019	1316.00	5110.38
10	2020	1591.50	5974.93
11	2021	1879.00	6821.86
12	2022	2179.00	7652.43
13	2023	2492.50	8468.81
14	2024	2819.50	9269.78
15	2025	3161.50	10059.61
16	2026	3519.50	10841.04
17	2027	3894.00	11615.14
18	2028	4286.50	12386.13
19	2029	4698.00	13156.23
20	2030	5131.00	13932.04
21	2031	5586.50	14715.56
22	2032	6066.50	15510.28
23	2033	6572.50	16317.22
24	2034	7106.50	17138.24
25	2035	7671.50	17979.02
26	2036	8270.50	18845.39
27	2037	8907.00	19744.50
28	2038	9586.00	20685.76
29	2039	10311.00	21673.86
30	2040	11088.00	22717.43]
AT AGE			
65	[2040	11088.00	22717.43]
80	[2055	0.00	0.00]
90	[2065	0.00	0.00]

INTEREST RATE FOR BASIS OF VALUES: 4.00 % ANNUALLY

ANNUAL VALUE FACTOR PER \$1,000 OF AMOUNT OF INSURANCE: 4.225791

ANY POLICY LOAN AND LOAN INTEREST WILL DECREASE THE ABOVE VALUES.

VALUES FOR DATES NOT SHOWN ABOVE WILL BE FURNISHED UPON REQUEST.

DEFINITIONS

YOU and YOUR means the Owner of this Policy.

WE, OUR and US means Columbian Life Insurance Company.

The INSURED means the individual named as the Insured in this Policy. The Insured may or may not be the Owner.

POLICY ANNIVERSARY means the same date in each succeeding year as the Effective Date.

INSURANCE AGE, shown in the Policy Specifications Pages, means the age of the Insured on his or her last birthday.

ENDOWMENT means the benefit described in the Return of Premium provision on Page 7.

IMPORTANT DATES

Effective Date – The Effective Date is shown on Page 2. Policy months, policy years, policy anniversaries and premium due dates are measured from the Effective Date.

Date of Issue - The Date of Issue is shown on Page 2.

Term Period – The length of time for which this Policy provides coverage is called the Term Period. The first Term Period begins on the Effective Date and ends on the date the basic term insurance benefit period ends. The date the benefit period ends is stated on Page 3-1.

Renewal Period – The period during which this Policy may be renewed for a new term is called the Renewal Period. The Last Renewal Date is stated on Page 2.

Conversion Period – The period during which this Policy may be converted to a new life policy is called the Conversion Period. The Conversion Period is stated on Page 2.

ENTIRE CONTRACT

This Policy, including any attached riders, endorsements and the application, including any supplemental applications, is the entire contract. All statements made in the application are assumed to be representations and not warranties, except in the case of fraud. No statement will be used to contest this Policy or defend against a claim unless it is contained in the application or a supplemental application.

This Policy may be subject to laws that will change its provisions. Any changes to this Policy must be in writing and agreed to by both the Owner and one of Our Officers. This Policy will be endorsed to reflect any change.

LIFE INSURANCE BENEFITS

The benefits payable at the death of the Insured will be the sum of:

- (A) The Amount of Insurance shown on Page 3; and
- (B) Any insurance on the life of the Insured provided by benefit riders; and
- (C) The portion of any premium actually paid, and that has not been waived under any waiver of premium rider, that applies to a period beyond the Policy month in which the Insured dies.

LESS:

- (A) The part of any unpaid premium that applies to the Grace Period provided the Insured dies within the Grace Period; and
- (B) Any outstanding Policy Loan and loan interest to the date of death.

WAIVER OF PREMIUM FOR UNEMPLOYMENT

We will waive premiums for this Policy and all riders attached to it while the insured remains unemployed for a maximum of six-months over the lifetime of the policy, if the Insured becomes unemployed while this Policy is in force. This benefit is available beginning 24 months after the Date of Issue or beginning 24 months following a reinstatement.

To qualify, the Insured must:

- (A) Receive state or federal unemployment benefits for four consecutive weeks; and
- (B) Provide proof of receiving such benefits within 90 days after the end of this four-week period.

When we receive proof, we will waive premiums for up to six months. The waiver will begin on the premium due date following the date we approve this claim.

Premiums waived under this provision may result in tax consequences to you. Please consult a tax advisor.

OWNER. The Insured is the Owner of this Policy unless another person is named as Owner on the application. If the Owner is not the Insured, and dies before the Insured, all rights of ownership will belong to the Owner's estate unless otherwise provided.

The Owner may be changed by proper written notice sent to Us. When We record the change of ownership, it will be effective from the date the notice was signed. We are not responsible for any action We take before We receive the notice.

Unless the Policy states otherwise, the Owner can exercise all rights under it. These include the right to change the Beneficiary, assign the policy and change the Owner. All living Owners must act together with respect to this Policy.

BENEFICIARY. One or more persons may be named as Beneficiary on the application. Unless otherwise stated, all Beneficiaries will share equally in the amounts payable. The Life Insurance Benefits payable to any Beneficiary who dies before the Insured will be paid to any remaining Beneficiaries.

A Secondary Beneficiary may be named to take the place of a Beneficiary who dies while the Insured is living. If no Beneficiary is alive on the date the Insured dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary may be changed by proper written notice to Us, unless the Beneficiary has been designated as irrevocable, in which case the written consent of the irrevocable beneficiary is also required. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed, unless otherwise specified by the Owner. We are not responsible for any action We take before We receive the notice.

FILING OF A DEATH CLAIM. Claim to the Life Insurance Benefits is made by providing due proof of the Insured's death. Due proof of death shall consist of a certified copy of the death certificate of the Insured or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds. Upon receipt of such proof, the benefits will be paid to the Beneficiary as shown in the Policy Specification Pages.

We will pay interest from the date of death until the date of payment at a rate not less than required by state law.

INCONTESTABILITY

We may not contest this Policy after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue except for nonpayment of premium. A reinstatement of coverage will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers in the written application for reinstatement.

MISSTATEMENT OF AGE

If the Insured's age has been misstated, We will adjust the amount payable. The adjustment will be based on the amount which the premiums would have purchased at the correct age.

SUICIDE

If the Insured commits suicide within two (2) years from the Date of Issue and while this Policy is in force, the amount We pay will be limited to a refund of all premiums paid that have not been waived under any waiver of premium rider.

PREMIUMS

Premiums are payable for the number of years shown on Page 3-1. The premium amount and payment frequencies are shown on Page 3. Payment is due in advance on the first day of each payment period, starting on the Effective Date.

RENEWAL

After the first Term Period, this Policy may be renewed annually. The Last Renewal Date is stated on Page 2. No evidence of insurability is required. Payment of the necessary renewal premium must be made while this Policy is in force or within the Grace Period.

The renewal premiums will be as listed under "Premium Information" on Page 3. These premiums include the premiums for any additional benefit included with this Policy.

GRACE PERIOD

We allow a Grace Period for paying each premium except the first. If a premium has not been paid by its due date, the Policy will stay in force for thirty-one (31) days. Any payment sent by U.S. mail must be postmarked within the Grace Period. If death occurs during the Grace Period, the premium due and unpaid will be deducted from the Life Insurance Benefits.

OPTIONS WHEN POLICY LAPSES DURING FIRST TERM PERIOD. If a premium is not paid by the end of the Grace Period, this Policy will lapse. All insurance will end when the Policy lapses, unless lapse occurs during the first term period and this Policy has a Surrender Value. If there is a Surrender Value, You may choose one of the options described in the Nonforfeiture Options Provision. You must choose an option within sixty (60) days after the premium due date. If no option is elected, We will continue coverage under the Paid-Up Insurance option.

NONFORFEITURE OPTIONS. You may choose one of the following options provided the Insured is then living.

- (A) **Paid-Up Insurance.** You may continue this Policy as Paid-Up insurance. The amount of Paid-Up insurance is determined by applying the Surrender Value as a single premium based on the Insured's sex and current age. The terms of this Policy will continue to apply.
- (B) **Surrender For Cash.** You can take the Surrender Value in cash. We have the right to delay a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law.

REINSTATEMENT

This Policy may be reinstated at any time within five (5) years after the premium default or the policy termination date whichever is earlier, unless the policy was surrendered for cash or continued as Paid-Up insurance. To do so, You must:

- (A) Give proof of insurability satisfactory to Us; and
- (B) Pay all unpaid premiums with interest at the Reinstatement Interest Rate stated on Page 2.

RETURN OF PREMIUM BENEFIT

We will pay a Return of Premium Benefit at the end of the first Term Period if the Insured is living, the Policy is in force and all premiums have been paid. The Return of Premium Benefit will equal:

- (A) All premiums paid for the first Term Period; less
- (B) Rider premiums; less
- (C) Any outstanding Policy Loan with interest at the Policy Loan Interest Rate.

This Policy will continue in force after payment of the Return of Premium Benefit subject to the terms of the Renewal provision.

The Return of Premium Benefit will not be reduced by any rider benefit payment or by any premiums waived under this Policy or any rider.

Premiums paid for periods after the first Term Period will not be included in the Return of Premium Benefit.

CASH SURRENDER

You may surrender this Policy for cash at any time prior to the end of the first Term Period. This is done by giving Us written notice and returning this Policy to Us. If You do so, a Surrender Value is determined. We have the right to delay payment of a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law. Upon payment of the Surrender Value, this Policy will terminate and cannot be reinstated.

SURRENDER VALUE. The Surrender Value of this Policy is:

- (A) The portion of any premium paid that applies to a period beyond the Policy month of surrender; plus
- (B) The cash value of this Policy, as stated on Page 4, adjusted to the surrender date.

LESS:

- (A) Any Policy Loan with interest at the Policy Loan Interest Rate; and
- (B) Any unpaid premium.

BASIS OF VALUES

The guaranteed values of this Policy are shown on Page 4. The values shown apply at the end of the Policy year if there is no unpaid Policy Loan. Values for any time other than the end of the year will be adjusted proportionately. The guaranteed cash value on any date within a Policy year will allow for the time elapsed in that year and the date to which premiums have been paid. Values for any year not shown will be calculated on the same basis as for those shown and will be furnished upon request.

The Cash Values and Paid-Up Insurance values in this Policy are based on the Commissioners' 2001 Standard Ordinary Ultimate Mortality Table, unisex (60% male/40% female), tobacco distinct. Our computations assume the age of the Insured at his or her last birthday using the interest rate stated in the Table of Guaranteed Values. The values are at least as great as those required by law in the state in which this Policy is delivered. We have filed a statement of the method used to compute those values with the Insurance Department in the State in which the Policy is delivered. If this Policy is being continued as Paid-Up insurance, the guaranteed cash value is the net single premium for the future guaranteed benefits of this Insurance. For thirty (30) days after each anniversary, this value will not be less than on the anniversary.

LOANS

During the first Term Period, You may obtain a loan from Us under the conditions which follow:

- (A) You assign a portion of the death proceeds equal to the outstanding loan balance to Us.
- (B) We may defer payment for up to six (6) months unless the loan is to pay premiums on policies with Us.

LOAN VALUE. The most You can borrow is the Surrender Value on the loan date; LESS loan interest to the next Policy Anniversary.

LOAN INTEREST. Loan interest will be charged at the rate of eight percent (8%) per year. It is payable in arrears on each Policy Anniversary and on the date the loan is paid in full. Any interest not paid when due will be added to the loan and bear interest at the same rate.

LOAN REPAYMENT. You may repay all or part of a loan at any time during the first Term period. Any loan or loan interest not repaid will be deducted from the proceeds payable on death, surrender, or upon payment of the Return of Premium Benefit, whichever occurs first.

Whenever the loan amount, with interest, is more than Your Policy's maximum Loan Value, Your Policy will terminate without value thirty-one (31) days after We have mailed notice to the last known address of the Owner and any assignees of record.

CONVERSION BENEFIT

After the first Policy Anniversary, this Policy may be converted to a new policy on the Insured's life. No evidence of insurability is required.

CONDITIONS. Conversion is subject to these conditions:

- (A) The conversion must be applied for in writing within the Conversion Period shown on page 2 or before the Insured's sixty-fifth (65th) birthday whichever is earlier.
- (B) Any premiums due more than thirty-one (31) days before the date of the application must have been paid.
- (C) The first premium for the new policy must be paid to Us at our Administrative Service Office.
- (D) This Policy must be returned to Us.
- (E) The date of conversion must be the same day of the month as the Effective Date of this Policy as shown on page 2. The date of conversion will be the first such date after conditions (A) through (D) above, for conversion have been met.

NEW POLICY. The new policy will be issued as follows:

- (A) The Effective Date of the new policy will be the date to which premiums have been paid on this Policy. If premiums have been paid beyond the date of conversion, you may elect to have the Effective Date be the date of conversion. The portion of any premium paid beyond the Effective Date of the new policy will be credited toward the first premium for the new policy;
- (B) The Insurance Age will be based on the Insured's age on the Effective Date of the new policy as defined under the new policy;
- (C) The amount of insurance may not exceed the amount of insurance of this Policy on the date of conversion;
- (D) The plan may be any life plan (except term insurance) then issued by the Company for conversion purposes, subject to our rules as to amount, age and rating. At least one plan of insurance with a face amount to which the Insured may convert will always be available;
- (E) The premium will be based on rates in effect on the Effective Date of the new policy;
- (F) The underwriting rating will be the same as this Policy;
- (G) Any limitation of risk in this Policy will apply;
- (H) A Waiver of Premium Rider may be included only as stated later in this section. Other benefits may be included only with the consent of the Company;
- (I) The time period of the Incontestability and Suicide provisions will be computed from the Date of Issue of this Policy; and
- (J) The new policy will be subject to any assignment of this Policy.

WAIVER OF PREMIUM UNDER THE CONVERTED POLICY. The new policy may include a Waiver of Premium Rider provided:

- (A) This Policy includes a Waiver of Premium Rider which is in force on the date of conversion;
- (B) The Insured is not totally disabled, as defined in such Rider, on the date of conversion, except at the end of the Conversion Period. Please see information below under, "AUTOMATIC CONVERSION IN EVENT OF DISABILITY";
- (C) The new policy is issued on a whole life plan under which premiums are payable for at least twenty (20) years; and
- (D) The rider must be applied for.

Evidence of insurability is not required.

AUTOMATIC CONVERSION IN EVENT OF DISABILITY. This Policy will be automatically converted to a new policy if:

- (A) This Policy includes a Waiver of Premium Rider which is in force on the Last Conversion Date; and
- (B) We are then waiving the premiums under this Policy.

The conversion will be as of attained age. The new policy will be a whole life policy We make available for automatic conversion and will include a Waiver of Premium Rider. We will continue waiving premiums for the new policy under the terms of the new rider.

GENERAL PROVISIONS

ASSIGNMENT. You may assign the proceeds of this Policy. The rights of the Beneficiary become subject to that assignment. Unless specified by the Owner, an assignment shall take effect on the date it is signed, subject to any payments made or actions by the Company prior to receipt of the notice in written form at our Administrative Service Office. If there is already an assignment on record, We will require You to confirm the change in assignment. We assume no responsibility for the validity of any assignment.

NON-PARTICIPATING. This Policy is Non-Participating. No dividends will be paid.

TERMINATION. All privileges and rights of the Owner under this Policy and any accompanying riders terminate when any of the following events occur:

- (A) The date the Term Period ends;
- (B) The Policy lapses because the loan amount, with interest, exceeds the maximum Loan Value;
- (C) The Policy lapses, after the end of the Grace Period, because of nonpayment of premium; or
- (D) The Insured dies.



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
PO BOX 1381
BINGHAMTON, NY 13902-1381
TELEPHONE: (800)423-9765
WEBSITE: www.cfglife.com

**CONVERTIBLE TERM LIFE INSURANCE POLICY
RENEWABLE ANNUALLY AFTER FIRST TERM PERIOD
CONVERTIBLE TO DATE SHOWN ON PAGE 2
AMOUNT OF INSURANCE PAYABLE IN A LUMP SUM AT DEATH PRIOR TO EXPIRY DATE
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3
PREMIUMS ARE LEVEL FOR FIRST TERM PERIOD AND INCREASE ANNUALLY THEREAFTER
ENDOWMENT BENEFIT AT THE END OF FIRST TERM PERIOD
NON-PARTICIPATING – NO DIVIDENDS PAID**

SERFF Tracking Number:	FRCS-126930061	State:	Arkansas
Filing Company:	Columbian Life Insurance Company	State Tracking Number:	47485
Company Tracking Number:	5431.4		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Mortgage Term Life		
Project Name/Number:	CML-2/61.4/61.4		

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: The Company offers their assurances that the Guaranty Association notice required by Regulation 49 will be provided.</p> <p>Attachments: AR consumer notice.pdf AR COC 5431.4.pdf AR RDB 5431.4.pdf AUTH Distilled.pdf</p>		
<p>Satisfied - Item: Application</p> <p>Comments: Application FORM NO. A430-CL and reinstatement application Application FORM NO. A431-CL will be used to apply for the policy. The applications were filed under separate cover on this same date, under SERFF filing FRCS-126924641.</p>		
<p>Satisfied - Item: Accelerated benefit letters, for your information</p> <p>Comments:</p> <p>Attachment: 6142-CL DISTILLED.pdf</p>		

COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: Chicago, IL

Administrative Service Office: Vestal Parkway East

PO Box 1381, Binghamton, NY 13902-1381

Telephone: (607) 724-2472 Fax (607) 724-4435

IMPORTANT NOTICE

You can contact the Arkansas Insurance Department at:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501) 371-2600
1-800-282-9134

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Columbian Life Insurance Company

Form Titles: Individual Term Life Insurance Policy (30 Year Term Policy with 100% ROP)

Form Numbers: FORM NO. 1F584-CL

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Dorothy M. Klie, FLMI, AIRC
Assistant Vice President, Policy Filing and Assistant Secretary

December 3, 2010
Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Columbian Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
FORM NO. 1F584-CL	55.4



Dorothy M. Klie, FLMI, AIRC
Assistant Vice President, Policy Filing and Assistant Secretary

December 3, 2010

Date



November 15, 2010

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Columbian Life Insurance Company

By: Donna M. Klie

Title: Assistant Vice President, Policy
Filing and Assistant Secretary



COLUMBIAN LIFE INSURANCE COMPANY

Home Office: Chicago, IL

Administrative Service Office:

PO Box 1381 Vestal Parkway East, Binghamton, NY 13902-1381

Dear _____ :

We have received your request for Accelerated Benefit payment. Please review the following information carefully before electing to receive this benefit.

As specified in your Rider, the Accelerated Benefit amount is equal to 50% of your policy's death benefit. Processing of the Accelerated Benefit payment is subject to an administrative service fee of \$250, which will be deducted from the payment. The minimum amount of premium required to keep the policy in force for the next 12-month period, as well as any unpaid loan and loan interest, will also be deducted from the benefit payment.

Payment of the benefit will result in a lien against the death benefit of the policy equal to the amount of the Accelerated Benefit plus accrued interest as specified in your rider. You are under no OBLIGATION to repay this lien. However, if you choose to do so, you can repay all or any portion of the lien or lien interest at any time.

Your election to receive this benefit will have the following effects on your policy:

- ◆ The policy death benefit will be reduced by 50%.
- ◆ The cash value of the policy will be reduced by the amount of the Accelerated Benefit.
- ◆ Any outstanding loan amount will be reduced to \$0.
- ◆ There will be no change in premiums. Because premiums will be deducted from the benefit payment as indicated above, no additional premiums will be payable for the next twelve-month period. If the insured is still living at the end of this period, regular premium payments as specified in the policy will be required in order to keep the policy in force.
- ◆ There will be no future charges for this benefit.
- ◆ There will be no reduction in any Accidental Death Benefit amount of insurance or premium.
- ◆ No other claim for Accelerated Benefit can be made; this benefit is available only once during the lifetime of the Insured.

Receipt of Accelerated Benefits may be taxable. You should consult your personal tax advisor to determine the current tax consequences prior to making any election.

The Accelerated Benefit payment may affect your ability to receive certain government benefits or entitlements. The Accelerated Benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

If, after reviewing this information and consulting with the appropriate parties, you still wish to apply for the accelerated benefit payment, please complete and sign the enclosed Accelerated Benefit Statement and return it to us. If an irrevocable beneficiary has been designated or your policy has been assigned, you must obtain the written consent of the beneficiary and/or assignee in Section C of the form.

If you have any questions, please call me at .

Sincerely,